
State: District of Columbia **Filing Company:** The Guardian Insurance & Annuity Company Inc.
TOI/Sub-TOI: A05I Individual Annuities - Immediate Non - Variable/A05I.000 Annuities - Immediate Non-Variable
Product Name: SPIA 72s
Project Name/Number: SPIA App 2015/EB-016183 Rev

Filing at a Glance

Company: The Guardian Insurance & Annuity Company Inc.
Product Name: SPIA 72s
State: District of Columbia
TOI: A05I Individual Annuities - Immediate Non - Variable
Sub-TOI: A05I.000 Annuities - Immediate Non-Variable
Filing Type: Form
Date Submitted: 09/04/2015
SERFF Tr Num: GARD-130228273
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: EB-016183 REV

Implementation: 11/23/2015
Date Requested:
Author(s): Louis A Conte, Peter Diggins, Margaret Lewis-Forbes, John Monahan, Carline Hamilton, Kathleen Tobin, Michaela Bell

Reviewer(s):
Disposition Date:
Disposition Status:
Implementation Date:

State: District of Columbia **Filing Company:** The Guardian Insurance & Annuity Company Inc.
TOI/Sub-TOI: A05I Individual Annuities - Immediate Non - Variable/A05I.000 Annuities - Immediate Non-Variable
Product Name: SPIA 72s
Project Name/Number: SPIA App 2015/EB-016183 Rev

General Information

Project Name: SPIA App 2015 Status of Filing in Domicile: Pending
Project Number: EB-016183 Rev Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 09/04/2015
State Status Changed:
Deemer Date: Created By: Louis A Conte
Submitted By: Kathleen Tobin Corresponding Filing Tracking Number:

Filing Description:

The Guardian Insurance & Annuity Company, Inc. (GIAC)
NAIC Number: 429-78778 FEIN: 13-2656036

We are enclosing for your review and approval a new Single Payment Immediate Annuity Application. EB-016183 Rev. replaces EB-016183, which was previously approved by your Department on 10/06/2011 (SERFF #:GARD-127622775). We plan to introduce this form in November 23, 2015 or upon approval, if later.

The main reason for revising the application is to update the "Withholding Election and Important Tax Information" language on the application.

This application will be used to apply for 15-SPIA, which was previously approved by your Department on 3/02/2015 (SERFF #: GARD-129881302).

We are enclosing a Statement of Variability and any applicable certifications, transmittals and filing fees are enclosed as required.

I hope this information is satisfactory and that we may receive your Department's approval of this form at your earliest convenience.

Sincerely,

Peter Diggins
Director, Individual Life Product Filings and Compliance
(212) 598-7436 (telephone)
Peter_J_Diggins@glic.com

Company and Contact

Filing Contact Information

Louis Conte, Administrative Assistant Louis_Conte@glic.com

State: District of Columbia **Filing Company:** The Guardian Insurance & Annuity Company Inc.
TOI/Sub-TOI: A05I Individual Annuities - Immediate Non - Variable/A05I.000 Annuities - Immediate Non-Variable
Product Name: SPIA 72s
Project Name/Number: SPIA App 2015/EB-016183 Rev

7 Hanover Square 212-598-7446 [Phone]
H 25 A 111-111-1111 [FAX]
New York, NY 10004

Filing Company Information

The Guardian Insurance & Annuity Company Inc.	CoCode: 78778	State of Domicile: Delaware
7 Hanover Square	Group Code: 429	Company Type:
New York, NY 10004	Group Name:	State ID Number:
(212) 598-8704 ext. [Phone]	FEIN Number: 13-2656036	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	Filing Company:	The Guardian Insurance & Annuity Company Inc.
TOI/Sub-TOI:	A05I Individual Annuities - Immediate Non - Variable/A05I.000 Annuities - Immediate Non-Variable		
Product Name:	SPIA 72s		
Project Name/Number:	SPIA App 2015/EB-016183 Rev		

Form Schedule

Lead Form Number: EB-016183 Rev								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Single Payment Immediate Annuity Application	EB-016183 Rev	AEF	Initial		50.000	EB-016183 Rev..pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

The Guardian Guaranteed Income Annuity IISM
Single Premium Immediate Annuity



The Guardian Insurance & Annuity Company, Inc. (GIAC) Domiciled in Delaware
Customer Service Office: 3900 Burgess Place, 3 South, Bethlehem, PA 18017

Instructions: Send completed application and check made payable to The Guardian Insurance & Annuity Company, Inc. to the mailing address on Page 5.

1. CONTRACT TYPE

Check either Non-Qualified or one of the Qualified Contract Types:

☒ Non-Qualified (NQ) ☐ Traditional IRA ☐ Roth IRA ☐ Roth Conversion IRA ☐ Custodial IRA (Traditional or Roth)

2. PREMIUM PAYMENT

Single Premium Payment: \$ 10,000. (Minimum single premium is \$10,000)

Payment Method: ☒ Check (payable to GIAC) ☐ Wire ☐ 1035 Exchange ☐ Rollover ☐ Direct Transfer ☐ CD/Mutual Fund Transfer

☐ Check here if multiple contributions will be received by GIAC as your Single Premium Payment and indicate the number of contributions you expect to submit here: _____. I hereby authorize GIAC to delay issuance of my contract until the earlier of (i) the 60th day after receipt by GIAC of this application in good order, in the amount of all monies received by GIAC on or before such date, or (ii) upon receipt of all monies constituting the Single Premium Payment amount. No interest will accrue on any monies received before the issue date and my payment will not be otherwise adjusted. If the box is **not** checked, my contract will be issued immediately upon receipt of the first payment. Any subsequent payments will require a new application.

3. ANNUITY PAYMENT OPTION

A. Choose One: ☐ Single Life
☐ Joint Life Annuity with Survivor Benefit (Two annuitants must be named)
Choose %: ☒ 50% ☐ 66 2/3% ☐ 75% ☐ 100% ☐ Other _____ % (whole % only)

B. Choose One: ☐ Life Annuity **WITHOUT** Guaranteed Period
☐ Life Annuity with Guaranteed Period - Years (Choose one):
☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 30 ☐ Other (whole years between 5 and 30 years) _____
☐ Life Annuity with Refund Certain (not available with Joint Life Annuity with Survivor Benefit)
☐ Period Certain Only (not available with Joint Life Annuity with Survivor Benefit) - Years (Choose one):
☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 30 ☐ Other (whole years between 5 and 30 years) _____

C. Annuity Payment Increase Benefit (Optional) (NOT available if "Period Certain Only" or "Life Annuity with Refund Certain" are elected above)

Choose One: (only available if the Owner is age 59½ or older; availability subject to IRS RMD guidelines on Qualified contracts)

I elect a ☐ 1% ☐ 2% ☐ 3% ☐ 4% ☐ 5% compound interest annuity payment increase and have received an illustration reflecting how my choice will impact my annuity payments.

Choosing any of these options will result in a lower initial annuity payment.

D. Payment Frequency (Choose One): ☒ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

E. First Payment Date: 10/15/2015 (No sooner than one calendar month after issue. If no date is indicated the default will be one modal period after issue.)
mm/dd/yyyy

4. ACCOUNT REGISTRATION

Owner Check One: ☒ Male ☐ Female ☐ Trust (Complete Trust Certification Form) ☐ Custodial IRA (Traditional or Roth) ☐ Other Non-Natural Owner

Name John Doe	SS# or Tax ID# 123 45 6789	Date of Birth (mm/dd/yyyy) 12/15/1970	
Primary Residential Address (No P.O. Box) 45 Main Street	City Anytown	State PA	Zip 12345
Mailing Address (Required if different from primary residential address)	City	State	Zip
E-mail JDoe@hotmail.com		Daytime Telephone (123) 222-3456	

Joint Owner (If any - not available for Qualified Contracts) Check One: ☐ Male ☐ Female

Name	SS# or Tax ID#	Date of Birth (mm/dd/yyyy)	
Primary Residential Address (No P.O. Box)	City	State	Zip
Mailing Address (Required if different from primary residential address)	City	State	Zip
Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	E-mail	Daytime Telephone	

4. ACCOUNT REGISTRATION (Continued)**Annuitant** (Complete only if different from **Owner**, above) Check One: ☐ **Male** ☐ **Female**

Name		SS# or Tax ID#		Date of Birth (mm/dd/yyyy) (Proof may be required)	
Primary Residential Address (No P.O. Box)		City		State	Zip
Mailing Address (Required if different from primary residential address)		City		State	Zip
Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		E-mail		Daytime Telephone	

Second Annuitant (**Must** complete if Joint Life Annuity with Survivor Benefit is chosen above) Check One: ☐ **Male** ☐ **Female**

Name		SS# or Tax ID#		Date of Birth (mm/dd/yyyy) (Proof may be required)	
Primary Residential Address (No P.O. Box)		City		State	Zip
Mailing Address (Required if different from primary residential address)		City		State	Zip
Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		E-mail		Daytime Telephone	

5. BENEFICIARY (If Joint Life with Survivor Benefit is elected in Section 3A, above, the second annuitant must be the sole primary beneficiary.)

The percentage allocated to primary and contingent beneficiaries must each add up to 100%.

☐ I am attaching a Beneficiary Addendum form, listing beneficiaries in addition to those listed below.

Primary Beneficiary Name/Address/Phone Number		Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth
Jane Doe, 45 Main St., Anytown, PA 12345 123-456-7890		spouse	100	789 67 4321	1/15/68
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address/Phone Number	Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address/Phone Number	Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address/Phone Number	Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address/Phone Number	Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address/Phone Number	Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth

When purchasing a joint annuity, spouse **must** be the primary beneficiary.**6. BENEFICIARY RESTRICTIONS (Optional)**☐ Check here if you wish to restrict your beneficiary's rights under the contract.

If you elect this option, the beneficiary may not elect to receive the present value of the remaining guaranteed annuity payments (if any) in a lump sum.

7. SPECIAL PAYMENT INSTRUCTIONS (Optional)

A voided check pre-printed with the Owner's name as shown in the Account Registration section, above, must be on file with GIAC or attached to a request for direct deposit. By completing this section and signing in the Signature section, below, (i) I hereby authorize GIAC to deposit annuity payments from this contract to the designated account; and (ii) I understand that in the event an overpayment(s) should be credited to the account, I hereby authorize GIAC to initiate, if necessary, debit entries and adjustments for any credit entries. Election of direct deposit and/or designation of a third party payee for annuity payments will remain in effect until GIAC receives further written instructions from the Owner or until direct deposit is discontinued by owner's financial institution. Contact GIAC Customer Service for detailed information on the Direct Deposit and/or third party payee program, including how to cancel the program.

7.a Direct Deposit**Account Type** (Choose one): ☐ Checking ☐ Savings ☐ Other

Bank/Institution Name
Telephone Number (optional)
Routing Number
Account Number

7.b Third Party Payee Instructions

Institution or Individual Name	Payee SSN
Address (Street Address, no P.O. Boxes)	
Telephone Number (optional)	
Routing Number	
Account Number	

8. REPLACEMENT INFORMATION (REQUIRED)

IMPORTANT - THIS SECTION MUST BE COMPLETED IN FULL

Do you have an existing life insurance policy or annuity contract?

☐ Yes ☒ No

Note: If you answer "Yes" to this question, certain states require you to complete and submit an Important Notice form with the application for **each** contract being applied for under this application

Is this annuity intended to replace all or part of any other annuity contract or life insurance policy?

☐ Yes ☒ No

Note: If you answer "Yes" to this question, complete any replacement forms required by the applicable state. Also, provide the information below on all contracts or policies to be replaced (attach a separate sheet if necessary).

Insurer Name	Owner Name	Contract/Policy #
Insurer Name	Owner Name	Contract/Policy #
Insurer Name	Owner Name	Contract/Policy #

9. CONTRACT STATE (Required if signing this application in a state other than your state of primary residence)

The contract state is your state of primary residence (Owner's primary residential address from Section 4) unless you sign the application in a different state. If you are signing this application in a state other than your state of primary residence, check one box below:

☐ I have a second residence in the state of signing. ☐ I work or conduct business in the state of signing.

If none of the above apply, the application must be signed in your state of primary residence.

10. WITHHOLDING ELECTION & IMPORTANT TAX NOTIFICATION

Federal Income Tax Withholding Election

Federal income tax law requires that GIAC report taxable payments and apply income tax withholding to the portion of your annuity payment included in income unless you elect not to have federal income tax withholding apply. Federal income tax law requires GIAC to apply wage withholding to the taxable portion of your annuity payments. If no withholding election is affirmatively made below, GIAC will apply the default wage withholding rate of married with three withholding allowances to the taxable portion of your annuity payments. Any election you make will remain in effect until you change or revoke it by returning a signed and dated Income Tax Withholding Election – Annuitized Payments form. If you revoke your election without making another withholding election, we will withhold federal income tax at the default wage withholding rate.

If you elect not to have withholding apply to the taxable portion of your annuity payments or if you do not have enough federal income tax withheld from these payments, you may be responsible for the payment of estimated tax and/or be subject to estimated tax penalties. A taxable distribution taken before age 59½ may also be subject to a 10% federal penalty tax.

In addition to federal income tax withholding requirements, state income tax, if required, will be withheld from the taxable portion of your payments. State income tax rules vary and are applied based on your state of primary residence. Consult with a professional tax advisor to discuss your personal tax situation before making or revoking an election.

The primary owner should check the appropriate box(es) below to make their federal and state income tax withholding election. If you are the joint owner and wish to make separate elections, you must complete and submit an Income Tax Withholding Election – Annuitized Payments form.

Federal Income Tax Withholding Election (Choose one)

- ☒ A. I elect to have no federal income tax withheld from my annuity payments (do not complete B or C). If an election is made to have no federal income tax withholding, no state withholding will apply unless you are entitled to voluntarily elect it or it is required by the state.
- ☐ B. I want my federal income tax withholding from each annuity payment to be determined using the default assumption of married with three withholding allowances unless another election of allowances and marital status is shown below (you may also designate an additional amount in item C).

Number of Allowances _____ **Marital Status:** ☐ Single ☐ Married ☐ Married, but withhold at a higher single rate

- ☐ C. Withhold the following additional amount per payment from my annuity payments for federal income tax purposes (dollar amount or percentage to be withheld) _____ (you must complete B). This request will impact federal income tax only.

State Income Tax Withholding

To determine the withholding requirements in your state of primary residence, refer to www.guardianlife.com/statetaxwithholding. If you have specific questions about your personal tax situation, consult your tax advisor or refer to your state's department of revenue website.

State Income Tax Withholding Election (Choose one)

- ☒ Do not withhold state income tax from each annuity payment.
- ☐ Withhold state income tax from each annuity payment. Enter dollar amount or percentage to be withheld _____
- ☐ Base my withholding on the number of allowances and marital status as follows:
Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at a higher single rate

Number of allowances: _____ and I wish to have an additional amount withheld _____

II. SIGNATURES (REQUIRED)

Fraud Warnings

FOR RESIDENTS OF ARKANSAS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FOR RESIDENTS OF DISTRICT OF COLUMBIA (WASHINGTON D.C.): Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR RESIDENTS OF FLORIDA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Acknowledgements

As owner of this annuity, I represent the following: (1) To the best of my knowledge and belief, all statements in this application are complete and true and were correctly recorded; (2) I understand that the contract applied for will not begin until the later of: (a) contract issue, or (b) GIAC's receipt of the contract premium; (3) I understand that the first annuity payment will be sent to me either 30 days, three months, six months, or one year (correlating to the payment frequency I selected) after contract issue; (4) I understand that GIAC has the unilateral right to determine if any contract can be issued and that only GIAC can waive or modify any terms of this application or any GIAC contract requirements; (5) I acknowledge that I have received a marketing brochure with this application and have had an opportunity to ask my agent questions about the annuity payment options and other contract features available to me; (6) I understand that an illustration is available to show me how my choices will impact my annuity payments; and (7) if I have chosen the optional Annuity Payment Increase Benefit, I have received an illustration reflecting how my choice will impact my annuity payments.

I further understand that federal law requires all financial institutions to obtain and record information that identifies each person who applies for an annuity. To meet this requirement GIAC asks for my name, social security number, street address, date of birth and other information to verify my identity. Failure to provide this information could result in the annuity contract not being issued.

By my signature, I certify, under penalties of perjury, that (i) if I do not elect Income Tax Withholding above, I am not subject to back-up withholding either because I have not been notified that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to back-up withholding, (ii) the social security number or taxpayer identification number shown on this application is my correct number, and (iii) I am a U.S. citizen, U.S. resident alien, or other U.S. person. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

Under penalties of perjury, I certify that:

As a U.S. Citizen or U.S. Resident Contract Owner

- (1) The number shown on this form is my correct social security number or taxpayer identification number,
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding,
- (3) I am a U.S. citizen or U.S. resident for tax purposes
- (4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting*

Note: Cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

* For The Guardian Insurance & Annuity Company, Inc., FATCA reporting is only required for certain non-U.S. payees that receive Foreign Account Tax Compliance Act (FATCA) withholdable payments. You are not required to provide a FATCA exemption code.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Owner X <i>John Doe</i>		Date
Signature of Joint Owner (if any) X		Date
Signed at City Anytown	State PA	Date 10/15/15

12. AGENT/REGISTERED REPRESENTATIVE SIGNATURE (REQUIRED)

As Agent/Registered Representative, I certify that the answers to the following questions are true to the best of my knowledge and belief.

Does this applicant have an existing life insurance policy or annuity contract?

☐ Yes ☒ No

Is this annuity intended to replace all or part of any other annuity contract or life insurance policy?

☐ Yes ☒ No

Annuity Payment Lock (optional)

☐ Yes, this application has been signed within 7 days of the attached illustration. (You must attach a dated Guardian Guaranteed Income Annuity IISM illustration.)

Producer Certification: By my signature, I hereby certify that I have used only GIAC-approved sales material in connection with this sale and that copies of sales materials used were left with the applicant.

Print Name of Agent/Registered Representative		Split _____ %		Print Name of Broker/Dealer				
Signature of Agent/Registered Representative X Jack Smith				Branch Office Street Address				
E-mail		Branch No./R.R. No.		Branch Office		City	State	Zip
State License # (For Florida Agents Only)				Tel.		Fax		

Print Name of Co-Agent/Registered Representative (If any)		Split _____ %	
E-mail		Branch No./R.R. No.	
State License # (For Florida Agents Only)			

Note: Include each Agent/Registered Representative's full name and R.R. No. and % commission split (if applicable). We cannot process team codes.

Send completed application and check (payable to The Guardian Insurance & Annuity Company, Inc.) to:	Regular Mail: The Guardian Insurance & Annuity Company, Inc. Retirement Solutions P.O. Box 26210 Lehigh Valley, PA 18002-6210	Express Mail: The Guardian Insurance & Annuity Company, Inc. Retirement Solutions 3900 Burgess Place, 3 South Bethlehem, PA 18017
---	--	--

This space for use of GIAC

State:	District of Columbia	Filing Company:	The Guardian Insurance & Annuity Company Inc.
TOI/Sub-TOI:	A05I Individual Annuities - Immediate Non - Variable/A05I.000 Annuities - Immediate Non-Variable		
Product Name:	SPIA 72s		
Project Name/Number:	SPIA App 2015/EB-016183 Rev		

Supporting Document Schedules

Satisfied - Item:	D.C. readability
Comments:	
Attachment(s):	DC Readability SPIA App 2015.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Statement of Variabilty
Comments:	
Attachment(s):	Statement of Variable Material for Form EB-016183 Rev.pdf
Item Status:	
Status Date:	



DISTRICT OF COLUMBIA Certification

<u>Form Title</u>	<u>Form Number</u>	<u>Flesch Score</u>
Single Payment Immediate Annuity Application	EB-016183 Rev	50

This hereby certifies that the above captioned Program is in full compliance with District of Columbia Insurance Code §35-531 and the forms have achieved a Flesch reading score of at least 40.

Signature

Pete Diggins

Title: Director, Individual Life-Product Filings and Compliance

Date: September 3, 2015

The Guardian Insurance & Annuity Company, Inc.

Variable Material for EB-016183 Rev.

The following describes the variable data in the above application form. The areas where the variables appear within the applications attached to this submission are bracketed. For the application referred to above, the following are being filed as variable:

Variable 1 - Product Name

The marketing name of the product that the applications will be used to apply for is shown in this area. We are considering this as variable data since we would like to have the ability to change the marketing name of the product without resubmitting the application. The current name is The Guardian Guaranteed Income Annuity II.

Variable 2 - Customer Service Office Address

This is the mailing address of our Customer Service Office used to correspond with the company. We are considering this as variable data since we would like to have the ability to change the address of the company without resubmitting the applications. The current CSO address is 3900 Burgess Place, 3 South, Bethlehem, PA 18017.

Variable 3 - Contract Type

We are considering this section to be variable so that if there are any changes to the markets in which the product will be used without the application forms being refiled. The reason for any change would have to do with tax code changes which would either change/add/remove certain types of qualified plans that will be available for this product.

Variable 4 - Premium Payment

We have bracketed the minimum premium payment since we would like to have the ability to change the minimum premium amount without resubmitting the applications. The reason for any change may be due to market and/or competitive conditions. The current value is \$10,000. The range of values for each of these amounts is \$5,000-\$50,000.

Variable 5 - Payment Method

We have bracketed the payment method since we would like to have the ability to change the options available without resubmitting the application. The application lists the payment methods that we currently accept.

Variable 6 - Annuity Payment Option

This section is where the owner elects the type of annuity payment option for their contract. We have bracketed the options so that we can add/delete/change the options that are available under the contract to which this application is used to apply. In Section B, the current years to choose from are 5, 10, 15, 20 and 30 and the range of values is 5-50.

In addition, we have bracketed options under Section C, which relate to the optional payment increase benefit. The current options are 1%, 2%, 3%, 4% and 5% and the range is 1-10%. We would like to be able to change the options available by adding/removing/changing the percentage options that are available under the contract.

Variable 7 – Account Registration

We have bracketed the non-natural owners (Trust, Custodial IRA and Other Non-Natural Owner). We would like to be able to change the options available by adding/removing/changing the types of non-natural owners that are available under the contract.

Variable 8 - Fraud Warning Language

This section is bracketed as variable since we would like to have the ability to change the fraud warning language if a state revises that language.

Variable 9 - Acknowledgements section

We have bracketed the annuity payment frequencies in the acknowledgement paragraph. This is so that if we decide to offer other frequencies then we can update to include the new/revised frequencies. The current language is 30 days, three months, six months or one year. The range of values is no more frequent than 30 days and no less frequent than 1 year.

Variable 10 - Annuity Payment Lock

The amount of days in which the application must be signed after receiving the illustration. The current language is 7 days and the range of values is 3-10 days.

Variable 11 –Mailing Addresses

We have bracketed the Regular Mail address used to correspond with the company, and the Express Mail address that is used to correspond via overnight mail with the company. We are considering this as variable data since we would like to have the ability to change the addresses without resubmitting the applications. The current Regular Mail address is Retirement Solutions, P.O. Box 26210, Lehigh Valley, PA 18002-6210 and the current Express Mail address is Retirement Solutions, 3900 Burgess Place, 3 South, Bethlehem, PA 18017.

Variable 1

The Guardian Guaranteed Income Annuity IISM

Single Premium Immediate Annuity

Variable 2



The Guardian Insurance & Annuity Company, Inc. (GIAC) Domiciled in Delaware
Customer Service Office: 3900 Burgess Place, 3 South, Bethlehem, PA 18017

Variable 3

Instructions: Send completed application and check made payable to The Guardian Insurance & Annuity Company, Inc. to the mailing address on Page 5.

1. CONTRACT TYPE

Check either Non-Qualified or one of the Qualified Contract Types:

☒ Non-Qualified (NQ) ☐ Traditional IRA ☐ Roth IRA ☐ Roth Conversion IRA ☐ Custodial IRA (Traditional or Roth)

2. PREMIUM PAYMENT

Single Premium Payment: \$ 10,000. (Minimum single premium is \$10,000)

Payment Method: ☒ Check (payable to GIAC) ☐ Wire ☐ 1035 Exchange ☐ Rollover ☐ Direct Transfer ☐ CD/Mutual Fund Transfer

☐ Check here if multiple contributions will be received by GIAC as your Single Premium Payment and indicate the number of contributions you expect to submit here: _____. I hereby authorize GIAC to delay issuance of my contract until the earlier of (i) the 60th day after receipt by GIAC of this application in good order, in the amount of all monies received by GIAC on or before such date, or (ii) upon receipt of all monies constituting the Single Premium Payment amount. No interest will accrue on any monies received before the issue date and my payment will not be otherwise adjusted. If the box is **not** checked, my contract will be issued immediately upon receipt of the first payment. Any subsequent payments will require a new application.

3. ANNUITY PAYMENT OPTION

A. Choose One: ☐ Single Life
☐ Joint Life Annuity with Survivor Benefit (Two annuitants must be named)
Choose %: ☒ 50% ☐ 66 2/3% ☐ 75% ☐ 100% ☐ Other _____ % (whole % only)

B. Choose One: ☐ Life Annuity **WITHOUT** Guaranteed Period
☐ Life Annuity with Guaranteed Period - Years (Choose one):
☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 30 ☐ Other (whole years between 5 and 30 years) _____
☐ Life Annuity with Refund Certain (not available with Joint Life Annuity with Survivor Benefit)
☐ Period Certain Only (not available with Joint Life Annuity with Survivor Benefit) - Years (Choose one):
☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 30 ☐ Other (whole years between 5 and 30 years) _____

C. Annuity Payment Increase Benefit (Optional) (NOT available if "Period Certain Only" or "Life Annuity with Refund Certain" are elected above)

Choose One: (only available if the Owner is age 59½ or older; availability subject to IRS RMD guidelines on Qualified contracts)

I elect a ☐ 1% ☐ 2% ☐ 3% ☐ 4% ☐ 5% compound interest annuity payment increase and have received an illustration reflecting how my choice will impact my annuity payments.

Choosing any of these options will result in a lower initial annuity payment.

D. Payment Frequency (Choose One): ☒ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

E. First Payment Date: 10/15/2015 (No sooner than one calendar month after issue. If no date is indicated the default will be one modal period after issue.)

4. ACCOUNT REGISTRATION

Owner Check One: ☒ Male ☐ Female ☐ Trust (Complete Trust Certification Form) ☐ Custodial IRA (Traditional or Roth) ☐ Other Non-Natural Owner

Name John Doe	SS# or Tax ID# 123 45 6789	Date of Birth (mm/dd/yyyy) 12/15/1970	
Primary Residential Address (No P.O. Box) 45 Main Street	City Anytown	State PA	Zip 12345
Mailing Address (Required if different from primary residential address)	City	State	Zip
E-mail JDoe@hotmail.com		Daytime Telephone (123) 222-3456	

Joint Owner (If any - not available for Qualified Contracts) Check One: ☐ Male ☐ Female

Name	SS# or Tax ID#	Date of Birth (mm/dd/yyyy)	
Primary Residential Address (No P.O. Box)	City	State	Zip
Mailing Address (Required if different from primary residential address)	City	State	Zip
Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	E-mail	Daytime Telephone	

4. ACCOUNT REGISTRATION (Continued)**Annuitant** (Complete only if different from **Owner**, above) Check One: ☐ **Male** ☐ **Female**

Name		SS# or Tax ID#		Date of Birth (mm/dd/yyyy) (Proof may be required)	
Primary Residential Address (No P.O. Box)		City		State	Zip
Mailing Address (Required if different from primary residential address)		City		State	Zip
Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		E-mail		Daytime Telephone	

Second Annuitant (**Must** complete if Joint Life Annuity with Survivor Benefit is chosen above) Check One: ☐ **Male** ☐ **Female**

Name		SS# or Tax ID#		Date of Birth (mm/dd/yyyy) (Proof may be required)	
Primary Residential Address (No P.O. Box)		City		State	Zip
Mailing Address (Required if different from primary residential address)		City		State	Zip
Relationship to Owner (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		E-mail		Daytime Telephone	

5. BENEFICIARY (If Joint Life with Survivor Benefit is elected in Section 3A, above, the second annuitant must be the sole primary beneficiary.)

The percentage allocated to primary and contingent beneficiaries must each add up to 100%.

☐ I am attaching a Beneficiary Addendum form, listing beneficiaries in addition to those listed below.

Primary Beneficiary Name/Address/Phone Number		Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth
Jane Doe, 45 Main St., Anytown, PA 12345 123-456-7890		spouse	100	789 67 4321	1/15/68
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address/Phone Number	Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address/Phone Number	Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address/Phone Number	Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address/Phone Number	Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	Name/Address/Phone Number	Relationship to Owner	Whole %	SS# or Tax ID#	Date of Birth

When purchasing a joint annuity, spouse **must** be the primary beneficiary.**6. BENEFICIARY RESTRICTIONS (Optional)**☐ Check here if you wish to restrict your beneficiary's rights under the contract.

If you elect this option, the beneficiary may not elect to receive the present value of the remaining guaranteed annuity payments (if any) in a lump sum.

7. SPECIAL PAYMENT INSTRUCTIONS (Optional)

A voided check pre-printed with the Owner's name as shown in the Account Registration section, above, must be on file with GIAC or attached to a request for direct deposit. By completing this section and signing in the Signature section, below, (i) I hereby authorize GIAC to deposit annuity payments from this contract to the designated account; and (ii) I understand that in the event an overpayment(s) should be credited to the account, I hereby authorize GIAC to initiate, if necessary, debit entries and adjustments for any credit entries. Election of direct deposit and/or designation of a third party payee for annuity payments will remain in effect until GIAC receives further written instructions from the Owner or until direct deposit is discontinued by owner's financial institution. Contact GIAC Customer Service for detailed information on the Direct Deposit and/or third party payee program, including how to cancel the program.

7.a Direct Deposit**Account Type** (Choose one): ☐ Checking ☐ Savings ☐ Other

Bank/Institution Name
Telephone Number (optional)
Routing Number
Account Number

7.b Third Party Payee Instructions

Institution or Individual Name	Payee SSN
Address (Street Address, no P.O. Boxes)	
Telephone Number (optional)	
Routing Number	
Account Number	

8. REPLACEMENT INFORMATION (REQUIRED)

IMPORTANT - THIS SECTION MUST BE COMPLETED IN FULL

Do you have an existing life insurance policy or annuity contract?

☐ Yes ☒ No

Note: If you answer "Yes" to this question, certain states require you to complete and submit an Important Notice form with the application for **each** contract being applied for under this application

Is this annuity intended to replace all or part of any other annuity contract or life insurance policy?

☐ Yes ☒ No

Note: If you answer "Yes" to this question, complete any replacement forms required by the applicable state. Also, provide the information below on all contracts or policies to be replaced (attach a separate sheet if necessary).

Insurer Name	Owner Name	Contract/Policy #
Insurer Name	Owner Name	Contract/Policy #
Insurer Name	Owner Name	Contract/Policy #

9. CONTRACT STATE (Required if signing this application in a state other than your state of primary residence)

The contract state is your state of primary residence (Owner's primary residential address from Section 4) unless you sign the application in a different state. If you are signing this application in a state other than your state of primary residence, check one box below:

☐ I have a second residence in the state of signing. ☐ I work or conduct business in the state of signing.

If none of the above apply, the application must be signed in your state of primary residence.

10. WITHHOLDING ELECTION & IMPORTANT TAX NOTIFICATION

Federal Income Tax Withholding Election

Federal income tax law requires that GIAC report taxable payments and apply income tax withholding to the portion of your annuity payment included in income unless you elect not to have federal income tax withholding apply. Federal income tax law requires GIAC to apply wage withholding to the taxable portion of your annuity payments. If no withholding election is affirmatively made below, GIAC will apply the default wage withholding rate of married with three withholding allowances to the taxable portion of your annuity payments. Any election you make will remain in effect until you change or revoke it by returning a signed and dated Income Tax Withholding Election – Annuitized Payments form. If you revoke your election without making another withholding election, we will withhold federal income tax at the default wage withholding rate.

If you elect not to have withholding apply to the taxable portion of your annuity payments or if you do not have enough federal income tax withheld from these payments, you may be responsible for the payment of estimated tax and/or be subject to estimated tax penalties. A taxable distribution taken before age 59½ may also be subject to a 10% federal penalty tax.

In addition to federal income tax withholding requirements, state income tax, if required, will be withheld from the taxable portion of your payments. State income tax rules vary and are applied based on your state of primary residence. Consult with a professional tax advisor to discuss your personal tax situation before making or revoking an election.

The primary owner should check the appropriate box(es) below to make their federal and state income tax withholding election. If you are the joint owner and wish to make separate elections, you must complete and submit an Income Tax Withholding Election – Annuitized Payments form.

Federal Income Tax Withholding Election (Choose one)

- ☒ A. I elect to have no federal income tax withheld from my annuity payments (do not complete B or C). If an election is made to have no federal income tax withholding, no state withholding will apply unless you are entitled to voluntarily elect it or it is required by the state.
- ☐ B. I want my federal income tax withholding from each annuity payment to be determined using the default assumption of married with three withholding allowances unless another election of allowances and marital status is shown below (you may also designate an additional amount in item C).

Number of Allowances _____ **Marital Status:** ☐ Single ☐ Married ☐ Married, but withhold at a higher single rate

- ☐ C. Withhold the following additional amount per payment from my annuity payments for federal income tax purposes (dollar amount or percentage to be withheld) _____ (you must complete B). This request will impact federal income tax only.

State Income Tax Withholding

To determine the withholding requirements in your state of primary residence, refer to www.guardianlife.com/statetaxwithholding. If you have specific questions about your personal tax situation, consult your tax advisor or refer to your state's department of revenue website.

State Income Tax Withholding Election (Choose one)

- ☒ Do not withhold state income tax from each annuity payment.
- ☐ Withhold state income tax from each annuity payment. Enter dollar amount or percentage to be withheld _____
- ☐ Base my withholding on the number of allowances and marital status as follows:
- Marital Status:** ☐ Single ☐ Married ☐ Married, but withhold at a higher single rate

Number of allowances: _____ and I wish to have an additional amount withheld _____

11. SIGNATURES (REQUIRED)

Fraud Warnings

Variable 8

FOR RESIDENTS OF ARKANSAS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FOR RESIDENTS OF DISTRICT OF COLUMBIA (WASHINGTON D.C.): Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR RESIDENTS OF FLORIDA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Variable 9

Acknowledgements

As owner of this annuity, I represent the following: (1) To the best of my knowledge and belief, all statements in this application are complete and true and were correctly recorded; (2) I understand that the contract applied for will not begin until the later of: (a) contract issue, or (b) GIAC's receipt of the contract premium; (3) I understand that the first annuity payment will be sent to me either 30 days, three months, six months, or one year (correlating to the payment frequency I selected) after contract issue; (4) I understand that GIAC has the unilateral right to determine if any contract can be issued and that only GIAC can waive or modify any terms of this application or any GIAC contract requirements; (5) I acknowledge that I have received a marketing brochure with this application and have had an opportunity to ask my agent questions about the annuity payment options and other contract features available to me; (6) I understand that an illustration is available to show me how my choices will impact my annuity payments; and (7) if I have chosen the optional Annuity Payment Increase Benefit, I have received an illustration reflecting how my choice will impact my annuity payments.

I further understand that federal law requires all financial institutions to obtain and record information that identifies each person who applies for an annuity. To meet this requirement GIAC asks for my name, social security number, street address, date of birth and other information to verify my identity. Failure to provide this information could result in the annuity contract not being issued.

By my signature, I certify, under penalties of perjury, that (i) if I do not elect Income Tax Withholding above, I am not subject to back-up withholding either because I have not been notified that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to back-up withholding, (ii) the social security number or taxpayer identification number shown on this application is my correct number, and (iii) I am a U.S. citizen, U.S. resident alien, or other U.S. person. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

Under penalties of perjury, I certify that:

As a U.S. Citizen or U.S. Resident Contract Owner

- (1) The number shown on this form is my correct social security number or taxpayer identification number,
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding,
- (3) I am a U.S. citizen or U.S. resident for tax purposes
- (4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting*

Note: Cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

* For The Guardian Insurance & Annuity Company, Inc., FATCA reporting is only required for certain non-U.S. payees that receive Foreign Account Tax Compliance Act (FATCA) withholdable payments. You are not required to provide a FATCA exemption code.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Owner X <i>John Doe</i>		Date
Signature of Joint Owner (if any) X		Date
Signed at City Anytown	State PA	Date 10/15/15

12. AGENT/REGISTERED REPRESENTATIVE SIGNATURE (REQUIRED)

As Agent/Registered Representative, I certify that the answers to the following questions are true to the best of my knowledge and belief.

Does this applicant have an existing life insurance policy or annuity contract? ☐ Yes ☒ No

Is this annuity intended to replace all or part of any other annuity contract or life insurance policy? ☐ Yes ☒ No

Annuity Payment Lock (optional)

☐ Yes, this application has been signed within 7 days of the attached illustration. (You must attach a dated Guardian Guaranteed Income Annuity IISM illustration.)

Producer Certification: By my signature, I hereby certify that I have used only GIAC-approved sales material in connection with this sale and that copies of sales materials used were left with the applicant.

Print Name of Agent/Registered Representative	Split ____%
Signature of Agent/Registered Representative X <i>Jack Smith</i>	
E-mail	Branch No./R.R. No.
State License # (For Florida Agents Only)	

Print Name of Broker/Dealer			
Branch Office Street Address			
Branch Office	City	State	Zip
Tel.	Fax		

Print Name of Co-Agent/Registered Representative (If any)	Split ____%
E-mail	Branch No./R.R. No.
State License # (For Florida Agents Only)	

Note: Include each Agent/Registered Representative's full name and R.R. No. and % commission split (if applicable). We cannot process team codes.

Send completed application and check (payable to The Guardian Insurance & Annuity Company, Inc.) to:	Regular Mail: The Guardian Insurance & Annuity Company, Inc. Retirement Solutions P.O. Box 26210 Lehigh Valley, PA 18002-6210	Express Mail: The Guardian Insurance & Annuity Company, Inc. Retirement Solutions 3900 Burgess Place, 3 South Bethlehem, PA 18017
---	--	--

This space for use of GIAC